

STATE OF MONTANA
Department of Livestock-Animal Health Division
P. O. Box 202001
Helena, MT 59620-2001
Phone: 406-444-2043 FAX: 406-444-1929

Commuter Grazing Contact Herd Affidavit

A commuter grazing permit application submitted by: _____,
(Name)

_____, _____, _____,
(Town) (County) (State)

identified your cattle herd as a **contact herd** that may potentially commingle with the applicant's herd during the 200 - grazing season. In order to be in compliance with the animal health regulations and the commuter grazing permit requirements of Montana and _____, the following information and certification must be provided:

Name: _____

Address: _____

Town: _____ State: _____ Phone: _____

I certify that my herd is an established breeding herd (excluding steers and spayed heifers) and has not been assembled within the past six months. I further certify that none of the animals in my herd are "M" branded (Mexico origin steers or spayed heifers) cattle. The animals in my herd bear the following brand(s) (draw brand(s) and indicate location):

I certify that all female cattle (excluding spayed heifers) in my herd of vaccination eligible age are official Brucellosis vaccinates and I have had my veterinarian vaccinate or examine my female cattle to verify the Brucellosis vaccination status.

(Signature of Contact Herd Owner) (Date)

VETERINARY CERTIFICATION

I have served the above livestock producer for approximately _____ years. I have no reason to believe this herd would jeopardize the health status of any livestock in Montana or _____.

Additionally, I hereby certify that all female cattle four months of age and over (excluding spayed heifers) are official Brucellosis vaccinates (OCV) and that I have either vaccinated or examined all individual animals to verify Brucellosis vaccination status.

(Signature of Veterinarian) (Date)

(Print Name) (Phone number)

(Address)

_____, _____
(Town) (State) (License # & State Licensed)